



12/19/05

Atty. Dkt. No. 036481-0135

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Joel R. Haynes et al.  
Title: Adjuvanted Genetic Vaccines  
Appl. No.: 09/433,777  
Appl. Filing Date: 11/3/1999  
Examiner: A. M. S. Wehbe  
Art Unit: 1632

**CERTIFICATE OF EXPRESS MAILING**  
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**FV 423500181 US 12/16/05**  
(Express Mail Label Number) (Date of Deposit)  
Jane Herold  
(Printed Name)  
Jane Herold  
(Signature)

**REQUEST FOR CONTINUED EXAMINATION (RCE)**  
**TRANSMITTAL**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

**1. Submission required under 37 C.F.R. §1.114: (check items that apply)**

Enclosed are:

- RCE Submission Under 37 CFR 1.114
- Information Disclosure Statement.
- Form PTO-1449 with copies of 16 listed reference(s).
- Supplemental Application Data Sheet.

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The filing fee is calculated below:

|  | Claims as<br>Amended | Previously<br>Paid For | Extra Claims<br>Present | Rate              | Fee Totals |
|--|----------------------|------------------------|-------------------------|-------------------|------------|
| RCE Fee 1.17(e):                                     |                      |                        |                         | \$790.00          | \$790.00   |
| Total Claims:  | 30                   | -                      | 43 = 0                  | x \$50.00         | \$0.00     |
| Independents   | 3                    | -                      | 4 = 0                   | x \$200.00        | \$0.00     |
| First presentation of any Multiple Dependent Claims: |                      |                        |                         | + \$360.00        | \$0.00     |
|  |                      |                        |                         | CLAIMS FEE TOTAL: | \$790.00   |

[ X ] Please charge Deposit Account No. 19-0741 in the amount of \$790.00. A duplicate copy of this transmittal is enclosed.

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date December 16, 2005

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Customer Number: 22428  
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By R.C. Peet  
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